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Measuring the impact of COVID-19 on sexual and reproductive health in the UK: web-panel surveys with qualitative follow-up

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Abstract

Background The UK's National Surveys of Sexual Attitudes and Lifestyles (Natsal) have been done every 10 years since 1990, and provide a key data source to underpin sexual and reproductive health policy. The COVID-19 pandemic disrupted many lifestyle aspects, triggering an urgent need for population-level data on sexual behaviour, relationships, and service use at a time when gold-standard, in-person, household-based surveys with probability sampling were not feasible. We designed the Natsal-COVID study to understand the effect of COVID-19 on the nation's sexual and reproductive health.

Methods Data were collected over 4 months (survey wave one; July 29 to Aug 10, 2020) and 1 year (wave two; March 27 to April 26, 2021) after the announcement of the UK's first lockdown (March 23, 2020). Data were collected online via web-panel surveys administered by Ipsos MORI. Eligible participants were UK residents aged 18–59 years, and the samples included a boost of those aged 18–29 years. Questions covered participants' sexual behaviour, relationships, and sexual and reproductive health service use. Quotas and weighting were used to achieve a quasi-representative sample of the UK general population. Participants meeting criteria of interest and agreeing to be recontacted were selected for qualitative follow-up interviews over the months of October and November, 2020. Comparisons were made with contemporaneous national probability surveys (2019 Annual Population Survey and 2018 Health Survey for England) and Natsal-3 (2010–12) to understand bias in sociodemographic characteristics, general health, and sexual behaviours. We obtained ethical approval from the ethics committees of the University of Glasgow College of Medical, Veterinary & Life Sciences College (reference 20019174) and the London School of Hygiene & Tropical Medicine Research (reference 22565).

Findings 6654 participants completed wave one of the study, of which 45 (0.7%) completed qualitative interviews. A further 6658 participants completed wave two, of which 2098 (31.5%) were wave one participants. Compared with probability surveys, the weighted Natsal-COVID participants were more educated, less sexually experienced, and in poorer health. In wave one, we found that 20.8% of respondents (95% CI 19.3–22.3%) reported using sexual and reproductive health services in the first 4 months of lockdown, whereas 9.7% (8.6–10.8%) reported difficulty accessing services. Wave two allowed for the generation of 1-year estimates, including of chlamydia testing (5.4% [4.7–6.2%]), HIV testing (7.2% [6.4–8.1%]), and cervical cancer screening (10.3% [9.2–11.6%]). Qualitative interviews suggested that participants often required repeated attempts to access sexual and reproductive health services.

Interpretation Natsal-COVID rapidly collected quasi-representative population data to evaluate the population-level effect of COVID-19 and lockdown measures on sexual and reproductive health in the UK and to inform sexual and reproductive health policy. Although less representative than the decennial Natsals, Natsal-COVID will complement national surveillance data and Natsal-4 (planned for 2022).

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Contributors

ED, AJC, SC, AC, CT, PS, CHM, KRM, and NF conceived this abstract. ED wrote the first draft, with further contributions from AJC, SC, AC, MB, JR, RBP, CT, CB, PS, CHM, KRM, and NF. MB oversaw Ipsos MORI fieldwork. ED and MW did the statistical analysis with support from JR. SC and AC led the questionnaire design. JR, SC, and AC oversaw data management. PS and CHM are Principal Investigators on Natsal. NF and KRM are Principal Investigators on Natsal-COVID. All authors contributed to data interpretation, reviewed successive drafts, and approved the final version of the abstract. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Declaration of interests

MB is employed by Ipsos MORI. All other authors declare no competing interests.

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